IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: WEIDNER, Morten Sloth Conf.:

Appl. No.: NEW Group: 1614

Filed: April 2, 2004 Examiner: ROBINSON, B.M.

For: CHEMICAL COMPLEX COMPRISING A PYRIDINE CARBNOXY DERIVASTIVE AND AN H2 HISTAMINE

RECEPTOR ANTAGONIST

INFORMATION DISCLOSURE STATEMENT (SUBMISSION WITH CONTINUATION-IN-PART OR RULE 1.53(b) CONTINUATION OR DIVISIONAL APPLICATION)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

April 2, 2004

Sir:

Pursuant to 37 C.F.R. §§ 1.97 and 1.98, applicant(s) hereby submit(s) an Information Disclosure Statement for consideration by the Examiner.

I. LIST OF PATENTS, PUBLICATIONS OR OTHER INFORMATION

The patents, publications, or other information submitted for consideration by the Office are listed on the PTO-1449 form(s), attached hereto.

II. REFERENCES PREVIOUSLY CITED OR SUBMITTED

Pursuant to 37 C.F.R. § 1.98(d), consideration of information listed on the PTO-1449 form(s) is requested since any patents, publications, or other information which are listed on the PTO-1449 form(s) but for which copies are not enclosed herewith, were previously cited by or submitted to the PTO in one of the following applications which has been relied upon for an earlier filing date under 35 U.S.C. § 120:

<u>U.S. Appl. No(s).</u> 09/813,719 10/430,507 <u>U.S. Filing Date(s)</u>
March 21, 2001
May 5, 2003

III. FEES

This Information Disclosure Statement is being filed concurrent with the filing of a continuation-in-part, continuation, or divisional patent application; therefore, no fee is required.

If the Examiner has any questions concerning this IDS or requires a copy of any of the references cited but not provided, he/she is requested to contact the undersigned. If it is determined that this IDS has been filed under the wrong rule, the PTO is requested to consider this IDS under the proper rule and charge the appropriate fee to Deposit Account No. 02-2448.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17; particularly, extension of time fees.

Respectfully submitted,

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P.O. Box 747

LRS/KR/sml 0459-0741PUS2 Falls Church, VA 22040-0747 (714) 708-8555

Attachment(s): \square PTO-1449(s)

☐ References

☐ Foreign Search Report

☐ Other:

(Rev. 04/29/03)

Form PTO-1449					ATTY DOCKET NO. 0459-0741PUS	APPLICATION NO. NEW			
INFORMATION DISCLOSURE CITATION IN AN APPLICATION					WEIDNER, Morten Sloth				
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EXAMINER				DATE CONSIDERED					
EXAMINER: In considered.	itial if cit Include cop	ation considered, whether by of this form with next	or not cita communicatio	tion is in conformance win to applicant.	th M.P.E.P. 609; Draw line through	citation	if not in con	nformance a	and not